



301 E. Fourth Street, 22N  
 Cincinnati, OH 45202-4201  
 Toll Free 800-643-7882

## Non-Trucking Liability & Physical Damage Fleet Application

Effective Date \_\_\_\_\_  
 Applicant \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ DOT/Motor Carrier # \_\_\_\_\_

### Application Must Include the Following

- Driver List (including name, DOB, CDL#, date of hire, yrs. experience, address)
- 5 Years of currently valued loss Runs (no more than 30 days old)
- Vehicle List (including year, make, model, VIN, State Amount)
- Expiring rate/pricing \_\_\_\_\_

### Motor Carrier Information

Description of operations/industry \_\_\_\_\_

Years in Business \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Radius by %    0-50 miles \_\_\_\_\_    51-200 miles \_\_\_\_\_    201-500 miles \_\_\_\_\_    500+ \_\_\_\_\_

- Company Owned Equipment
- Independent Contractor Owned Equipment
- Other \_\_\_\_\_
- Any affiliate operations? (please explain) \_\_\_\_\_

Latest DOT Rating \_\_\_\_\_ Year \_\_\_\_\_

### Ownership Information

	Name	Position/Title	# Years	% Ownership
1				
2				
3				
4				

### Terminal, Plant or Warehouse Locations

Address	Type of Security	Concentration of Values (%)

**Commodities Hauled** (by %)

Commodity _____	Commodity _____	Commodity _____
Percentage _____%	Percentage _____%	Percentage _____%

**Driver Information**

(check all that apply)

- Drug Test   
  Road Test   
  Written Test   
  MVR Review   
  Check Prior Employment  
 Medical Certification

Minimum Age \_\_\_\_\_   
 Maximum Age \_\_\_\_\_   
 Minimum years of experience required \_\_\_\_\_

**Safety Program**

	Yes	No
Is there a written safety program in place? <b>If no</b> , explain reasoning _____	<input type="checkbox"/>	<input type="checkbox"/>
Are regular safety meetings held? Frequency _____	<input type="checkbox"/>	<input type="checkbox"/>
Are drivers required to attend safety meetings and trainings? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are new drivers required to go through orientation? Describe orientation _____	<input type="checkbox"/>	<input type="checkbox"/>
Is there a driver incentive program? <b>If yes</b> , description of program _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a full-time safety director? Years of experience of safety director _____	<input type="checkbox"/>	<input type="checkbox"/>

**Underwriting Questions**

	Yes	No
Have you ever filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever operated under a different name? <b>If yes</b> , state prior name _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any prior coverage with Great American Insurance? <b>If yes</b> , provide policy number _____	<input type="checkbox"/>	<input type="checkbox"/>
Does your current primary liability policy include any UM/UIM, PIP, or Medical Payments coverage? Provide Primary Liability Carrier _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any subsidiaries? <b>If yes</b> , provide name and details of relationship _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any brokerage authority? <b>If yes</b> , provide Name and MC number _____ % of revenue from brokerage _____	<input type="checkbox"/>	<input type="checkbox"/>
Is any part of your operation seasonal? <b>If yes</b> , explain _____	<input type="checkbox"/>	<input type="checkbox"/>
Do any units pull <input type="checkbox"/> double or <input type="checkbox"/> triple trailers?	<input type="checkbox"/>	<input type="checkbox"/>
Are the trucks in use equipped with fender mirrors?	<input type="checkbox"/>	<input type="checkbox"/>

**Company-Owned Account/Equipment**

Yes No

Does the Motor Carrier have an in-house repair shop?	<input type="checkbox"/>	<input type="checkbox"/>
Type of Repairs <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Body		
Does the Motor Carrier conduct inspections?	<input type="checkbox"/>	<input type="checkbox"/>
Frequency _____		
Are maintenance records kept on individual vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
Details _____		
Do you utilize loss prevention equipment?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what type(s) _____		
And what % of fleet equipped? _____		

**Equipment Overview**

Type of Equipment	# of Owned Units	# of Leased on Units	Total # of Units
Tractors			
Trailers			
Other			
Additional Comments _____			

**Prior Insurance**

**Previous Insurance and Loss Experience – This section must be completed in its entirety.**

**Hard copy Loss Runs are required.**

Have you ever had insurance for the coverages requested cancelled, declined or renewal refused?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, explain fully _____		

Physical Damage	Current	1st Year	2nd Year	3rd Year
# of Tractors				
# of Trailers				
Total Value				
Deductible				
Rate				
Ancillary Coverages				

Non-Trucking Liability	Current	1st Year	2nd Year	3rd Year
# of Units				
Rate				
Ancillary Coverages				

**Physical Damage Coverages**

Coverages  Collision  Comprehensive  Specified Perils

Deductible \$ \_\_\_\_\_

**Additional Coverages**

- TruXpro
- Deductible Buyback Limit \$ \_\_\_\_\_ Retained Amount \$ \_\_\_\_\_
- Property Damage  Company Owned Trailer  Cargo

**Non-Trucking Liability Coverages**

- Bodily Injury/Property Damage
  - \$300,000 CSL  \$500,000 CSL  \$750,000 CSL  \$1,000,000 CSL
- Uninsured/Underinsured Motorist Bodily Injury *(coverages vary by state)*
  - Basic Limit  \$300,000 CSL  \$500,000 CSL  \$750,000 CSL  \$1,000,000 CSL
- Personal Injury Protection *(as required by state laws)*
- Medical Payments Coverage *(as required by state laws)*
- Additional Insured *(please list Additional Insured & Relationship)* \_\_\_\_\_
- Additional Coverage Comments/Notes:

**My signature below indicates that I have reviewed the list of equipment and have assigned Actual Cash Value (defined as the actual value of equipment at the time of loss incurred) to each unit to be insured for physical damage coverage. I am aware that the value of this equipment can vary with the current marketplace. I have assumed responsibility for insuring only the equipment shown on this document for Non-Trucking Liability and Physical Damage coverages.**

**ALL APPLICANTS, By my signature below, I attest that:**

**I am an authorized representative of the applicant, have reviewed this form and the information provided is true and accurate. I have not willfully concealed or misrepresented any material fact or circumstance concerning this form. I have read the applicable items and agree to all terms or conditions stated therein.**

**Insured Agreement**

**I authorize Great American Insurance Group to obtain copies of Motor Vehicle Reports for underwriting the insurance that I have applied for. I also understand that a routine inspection will be done regarding my operations. I agree to promptly report and furnish the name, driver license number, an date of birth for all drivers I hire and employ after my completion of this application. I understand all accidents are to be reported promptly regardless of severity or fault. I also understand that I have no coverage until such time the Company accepts this application or authorizes coverage to be bound.**

**Applicants Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Agents Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Agent/Broker**

Broker/Agency \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**FRAUD WARNING STATEMENT TO FOLLOW**

## Insurance Fraud Warning Statement

This statement is provided to you with the insurance application or claim form that you are filing. READ the applicable Fraud Warning Statement for the state in which your claim is being made before executing and submitting either attached document to the insurer or your agent.

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (*or willfully*)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (*or willfully*)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (*of the third degree*)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (*not to exceed five thousand dollars and the stated value of the claim for each such violation*)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (*may*)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.